

WAGNER (C.)

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Palatal Arches and Uvula.

BY

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PAPILLOMATOUS GROWTHS OF THE PALATAL ARCHES AND UVULA.

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PAPILLOMATOUS growths of the palatal arches and uvula are not infrequently overlooked in a careless or too cursory examination of the fauces. The patient will complain of symptoms which are present in ordinary catarrhal inflammation of the pharynx and larynx—viz., a frequent desire to clear the throat, at times a tickling sensation, which is followed by a short, hacking cough, rendering a prolonged or continuous use of the voice difficult, and in some cases impossible. An examination with the laryngoscope will reveal nothing to account for the symptoms; the cords will appear healthy and perfectly normal in their action, and the pharynx also healthy, excepting, perhaps, a slight hyperæmia.

A further examination, if the symptoms are caused by the presence of a growth, will disclose a small wart-like body at the junction of one of the pillars, usually the posterior, with the soft palate. At first glance it may be mistaken for thickening of the mucous membrane, or an enlarged follicle, but, upon touching it with the probe, it may

be dislodged, and will be seen to be attached by a pedicle varying from a quarter of an inch to an inch in length.

They are sometimes attached to or a little above the extreme point of the uvula, to which they cling very closely, but, when moved by the probe, the pedicle will be seen.

In one case, that of a well-known actress of this city, I could discover nothing at first glance to account for the constant feeling of irritation she experienced in her throat, especially while performing her part on the stage. With the rhinoscope I detected a slight prominence on the posterior surface of the uvula. Suspecting a growth of the character under consideration, I moved it with the probe and dislodged it; the pedicle was about a third of an inch in length.

Another case, somewhat similar, was that of a gentleman from a Southern State, a presiding judge. He stated that it was almost impossible for him to deliver a charge from the bench in consequence of a short, hacking cough, which was greatly aggravated and became almost continuous upon the attempt to maintain a prolonged use of his voice. Upon examination, I discovered a growth about the size of a grain of wheat clinging to the extreme tip of the uvula; upon moving it with my probe, I found it was attached by a pedicle quite three fourths of an inch in length. As the uvula itself was abnormally long, the growth actually touched the epiglottis when that organ was thrown upward and forward during phonation. With the removal of the growth all the unpleasant symptoms disappeared.

Failure to recognize the growth is chiefly owing to the fact that when the mouth is wide open, as during the examination for diagnosis, retraction of the soft palate, uvula, and arches takes place, by which the growth is made to adhere closely to the surface from which its pedicle springs. The only way to avoid overlooking such growths is to attempt to move or dislodge with the probe any unusual prominence that may be seen at the places mentioned.

Of the cases that have occurred in my private and hos-

pital practice, I have had no doubt as to the character of the growths, except in the last, who consulted me a few weeks ago. The patient, aged forty-seven, stated that several years ago he had had a severe attack of diphtheria, shortly after which he first felt the annoyance in his throat. Upon the posterior arch was a growth, the largest of the kind I have ever seen; the anterior surface or part which presented toward the orifice of the mouth seemed hard, firm, and smooth, resembling a fibroma rather than a papilloma. The pedicle in this case was unusually broad, thick, and vascular. Dr. C. Heitzmann, to whom the tumor was referred for examination under the microscope, reported it to be a "papilloma of an entirely benign type. The large number of medullary or inflammatory corpuscles at the surface indicates that the tumor has grown more rapidly of late."

The patients will generally report that they have taken cough mixtures, inhalations, gargles, troches, sprays, etc., without relief. The operation for the removal of the growth is very simple, and the aid of the specialist is not required. The tongue should be depressed upon the floor of the mouth, the patient holding the spatula, the growth seized with a long forceps and gently drawn downward and forward, and the pedicle divided with the scissors as closely as possible to the surface from which it grows. As very little, if any, hæmorrhage follows the division of the pedicle, the scissors are to be preferred either to the cold wire snare or galvano-cautery loop. The snare may fail to remove the entire pedicle and thus furnish a nucleus for a recurrence of the growth, and the cautery may, in the event of gagging or retching on the part of the patient, inflict a burn upon the surrounding tissues which will annoy the patient for several days.



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